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Bib Data Sheet

CONFIRMATION NO. 2127

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|
| SERIAL NUMBER 09/903,556 | FILING DATE 07/13/2001 RULE | CLASS 264 | GROUP ART UNIT 1732 | ATTORNEY DOCKET NO. LIUL3022/EM/6990 | |
| APPLICANTS Lausan Chung-Hsin Liu, Hsin-Tien City, TAIWAN; | | | | | |
| ** CONTINUING DATA ***** <i>NONE IN</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>NONE IN</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/24/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY TAIWAN | SHEETS DRAWING 5 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | | |
| Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | | | | |
| ADDRESS 23364 | | | | | |
| TITLE Method for fabricating imitative stone furniture | | | | | |
| FILING FEE RECEIVED 355 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ | | |